



### NHWS's 2019 Summer Camp Registration Form

AGES	PROGRAM	DATES/COSTS
<b>Starting 5th through 8th grades in fall 2019</b>	<b>Fun &amp; Fitness</b> 8:30 -11:30 a.m. Games and movement for middle school age kids	<input type="checkbox"/> 8/12 to 8/15 (\$325) Monday through Thursday
<b>Starting Kindergarten through 5th grade in fall 2019</b>	<b>Let's Play Group</b> 4 themed days Jurassic Jungle, Mad Science, Superhero Day, and Carnival Day 8:30 - 11:30 am	<input type="checkbox"/> 6/24 to 6/28 (\$325) <input type="checkbox"/> 7/8 to 7/12 (\$325) Monday through Thursday
<b>14-18 Years old</b>	<b>Summer Outings</b> Bowling and Lunch Pick one outing or both! 2:00-4:00 pm	<input type="checkbox"/> 7/11 (\$75) <input type="checkbox"/> 8/15 (\$75)
<b>All</b>	<b>Lunch Bunch</b> 11:30 a.m to 12:30 p.m. Offered each camp day	<input type="checkbox"/> \$10 per day

#### Patient / Parent Information

Childs Name: \_\_\_\_\_ Gender  M  F DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent One Name: \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Parent Two Name: \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Persons authorized to pick up child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Background Information

Physical and/or Dietary restrictions: \_\_\_\_\_

Allergies  Yes  No If yes, please explain:

\_\_\_\_\_

Medications: \_\_\_\_\_

Has your child ever had a seizure?  Yes  No If yes, please explain:

\_\_\_\_\_

Areas of special Need?

\_\_\_\_\_

Does your child have an IEP?  Yes  No If so, a copy **must** be provided so goals can be addressed.

Does your child have a diagnosis?  Yes  No If yes, what diagnosis?

\_\_\_\_\_

Does your child engage in the following behaviors?

Non-compliance:  Yes  No If yes, explain

\_\_\_\_\_

Tantrum:  Yes  No If yes, explain

\_\_\_\_\_

Aggression:  Yes  No If yes, explain

\_\_\_\_\_

Running away:  Yes  No If yes, explain

\_\_\_\_\_

Self injurious behavior:  Yes  No If yes, explain

\_\_\_\_\_

Stereotypical behaviors (hand flapping, flicking, toe walking, rocking, twirling, Etc.)  Yes  No

If so, explain \_\_\_\_\_

Other behaviors not listed above? \_\_\_\_\_

Does your child have difficulty with transitions or changes in routine?  Yes  No

Does your child make transitions to the next activity when directed?  Yes  No

Does your child accept interruptions or unexpected changes?  Yes  No If no, please explain:

\_\_\_\_\_

Does your child follow verbal directions?  Yes  No If no, please explain:

\_\_\_\_\_

Does your child play cooperatively with peers?  Yes  No If no, please explain:

Does your child have the ability to calm him/herself when upset?  Yes  No If no, please explain:

Is there anything us you would like us to know about your child?

**PLEASE NOTE THE FOLLOWING POLICIES / PROCEDURES**

1. If your child is a current or former client of NHWS there is no charge for the screening. Prior to participation a screening must be completed for all new campers. New camper's registration fee of \$35.00 is due with registration.
2. Your child's registration and reports/IEP's will be reviewed. You will be notified of the need for additional information or an observation.
3. No refunds are given for any reason after payment is made, including absence due to illness or vacation.
4. Registrations will be considered on a first come / first served basis. NHWS reserves the right to cancel any program due to insufficient enrollment.
5. Additional charges apply for children who require 1:1 assistance, which may be determined before the start of summer programs.
6. Camper pick-up after the designated time will result in additional charges, \$35.00 for every 15 minutes.
7. NHWS's camps are NOT reimbursable by insurance, but may qualify for HAS or Flex Spending Accounts. It is your responsibility to find out if these accounts qualify.
8. Parents are responsible for supplying snacks, drinks, and extra change of clothes if needed. Please label everything with your child's name.
9. If a camper does not abide by the camp rules, is disruptive, violent, or poses a threat to the safety of the camp, students and/or staff, the camp director reserves the right to contact the parent or guardian and remove the child from the camp for the day. Camp fees will not be refunded.

**Participation Authorization**

I hereby approve my child ( \_\_\_\_\_ ) in NHWS's Summer Programs and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child's participation.

Parent / Guardian Signature

Print Parent/Guardian Name

Date

NHWS's Summer Program assumes no liability for injury or damages arising from the result of participation in activities unless due to willful fault or gross negligence on the part of NHWS's Summer Programs.

**Registration Summary / Payment**

Total amount due for New Camper Registration Fee (\$35.00)	\$ _____
Total amount due for Camp	\$ _____
Total amount due for Miscellaneous Fees (1:1 aide, Etc.)	\$ _____
Total amount due for Lunch Bunch <b>11:30-12:30</b> (\$10 per day)	\$ _____
Grand Total:	\$ _____

Discount

- ✓ If you are a current client in the clinic, sibling or registered for at least 2 weeks of NHWS camps

\$minus (\$25.00)\_\_\_\_\_

New Total Due

\$\_\_\_\_\_

Make checks payable to New Horizons Wellness Services, LLC. Visa, MasterCard, & Discover accepted. Please see attached Credit Card authorization form. We will contact you prior to charging the credit card.

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover
Cardholder Name (as shown on card):
Card Number:
Security Code (CVC, CVV, CVV2, or CSC):
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):

I, \_\_\_\_\_, authorize **New Horizons Wellness Services, LLC** to charge my credit card above for agreed upon amount. I understand that my information will be shredded following this transaction on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date